

BQC - 86 - 012

Date: March 6, 1986

To: FOMs and All RNs  
Bureau of Quality Compliance

From: Larry Tainter, Director  
Bureau of Quality Compliance

Subject: LPN Medication Administration

The Bureau has received questions regarding medication administration by L.P.N.s in a nursing home setting. Several situations were described in which an L.P.N. was assigned the night shift, and worked as the charge nurse with no RN on duty in the facility. In these situations, the L.P.N. is responsible for monitoring I.V.s, adding IV fluids, preparing and adding IV medication, and discontinuing IV fluids for residents who are in need of skilled care. One question asked was: Is it within the scope of LPN practice to assess the effects of IV therapy?

The Board of Nursing did review this question at the Practice Committee held November 18, 1985. They referenced the October 1985 issue of the State of Wisconsin Department of Regulation and Licensing Regulatory Digest (page 71 attached) "Medication Administration by Licensed Practical Nurses." In that article, the Board indicated that the guidelines issued in September, 1981 for administration of medications by licensed practical nurses "no longer accurately reflect the current interpretation of the scope of L.P.N. practice in the State of Wisconsin." The specific Board of Nursing rules are referenced in the digest article and it was mailed to all Wisconsin licensed nurses.

The Board of Nursing recommends that the administration of medication by LPNs be governed by nursing home policies and procedures. These policies and procedures should not conflict with the Board of Nursing (N.6.04(1)) Sept. 1985 'Standards of Practice for Licensed Trained Practical Nurses.' The policies and procedures should specify the LPN's responsibility, and the RN's responsibility in relation to administration of medications.

In other correspondence, shared with us by the Practice Committee, the following statements were made: "It is the informal opinion of the Practice Committee that LPNs may check and regulate the IV drip rate, check an IV site for patency, hang plain and premixed IVs, discontinue an IV, and add a new bottle when the first one has run out. In the performance of these activities, the LPN must be under the direct supervision of an RN."

In responding to whether it is within the scope of practice for an LPN to assess the effect of IV therapy, the Practice Committee has previously addressed this issue and reported "assessment of IV therapy is within the scope of practice of an RN [per N 06.3(1)(a)], not an LPN."

LT:BL:kk 1295

Attachment

cc: Milt Stearns  
Lou Remily  
Board of Nursing